EXHIBIT A

Paul S. Appelbaum, MD

Adult and Forensic Psychiatry

Board Certified in Adult Psychiatry and Forensic Psychiatry Dollard Professor of Psychiatry, Medicine and Law, Columbia University

I. Background

- 1. I am a Board-certified psychiatrist, and the Director of the Center for Law, Ethics & Psychiatry in the Department of Psychiatry at Columbia University and the New York State Psychiatric Institute. I am also the Elizabeth K. Dollard Professor of Psychiatry, Medicine, and Law at Columbia. I am the author of numerous articles and books on law and ethics in clinical practice. I am the past President of the American Psychiatric Association (APA), the American Academy of Psychiatry and the Law, and the Massachusetts Psychiatric Society, and have twice served as Chair of the Council on Psychiatry and Law and of the Committee on Judicial Action for the APA. I am currently Chair of the DSM Steering Committee for APA, and immediate past Chair (and current co-chair) of the Standing Committee on Ethics of the World Psychiatric Association. I also currently chair the Ethics Committee of the American College of Neuropsychopharmacology, and I am a past chair of the APA's Ethics Appeals Board. In addition to my work on legal and ethical issues in medicine, much of my research over many years has focused on the assessment and management of dangerous behavior by patients with mental disorders.
- 2. I have reviewed the Complaint that Dr. Paul Conti filed against John Doe ("the patient") in federal court in New York on November 27, 2017, the Amended Complaint filed on February 7, 2017 ("the Complaint"), as well as the patient file and billing records on John Doe that I understand were maintained by Dr. Paul Conti and other mental health professionals working in his office, and the psychiatric treatment records of Dr. Paul Conti produced in discovery. I have also reviewed the deposition transcripts (and selected exhibits thereto) of John Doe, Dr. Conti, Dr. Hamilton, Dr. Lippert, and Dr. Jenike, and spoken directly with Ziv Cohen, MD regarding the results of his evaluation of Dr. Conti.
- 3. I was asked to review the materials listed above to render an opinion about the ethical issues in this case.
- 4. For the reasons set forth below, it is my opinion that Dr. Conti did not meet the applicable professional standard of ethical conduct for a psychiatrist with respect to managing patient care, safeguarding patient confidences and privacy, and transferring care appropriately in (1) responding to his patient John Doe's behavior when the patient sent him a series of text and email messages that are the focus of this litigation ("the Messages"); (2) evaluating whether to commence a lawsuit against his former patient John Doe in response to the Messages; (3)

safeguarding Doe's confidences and privacy when he did choose to initiate litigation; and (4) transferring care to Doe's next treating psychiatrist.

II. Applicable Standard for Ethical Conduct of a Psychiatrist

- 5. The APA's Principles of Medical Ethics, with Annotations Especially Applicable to Psychiatry (2013 Edition) states at Section 4 that: "A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law." The Annotations expand as follows in relevant part:
 - a. "Psychiatric records, including even the identification of a person as a patient, must be protected with extreme care. Confidentiality is essential to psychiatric treatment. This is based in part on the special nature of psychiatric therapy as well as on the traditional ethical relationship between physician and patient Because of the sensitive and private nature of the information with which the psychiatrist deals, he or she must be circumspect in the information that he or she chooses to disclose to others about a patient. The welfare of the patient must be a continuing consideration." Section 4(1).
 - b. "A psychiatrist may release confidential information only with the authorization of the patient or under proper legal compulsion. The continuing duty of the psychiatrist to protect the patient includes fully apprising him/her of the connotations of waiving the privilege of privacy. This may become an issue when the patient is being investigated by a government agency, is applying for a position, or is involved in legal action" Section 4(2).
 - c. "Ethically, the psychiatrist may disclose only that information which is relevant to a given situation. He or she should avoid offering speculation as fact. Sensitive information such as an individual's sexual orientation or fantasy material is usually unnecessary." Section 4(5).
 - d. "When, in the clinical judgment of the treating psychiatrist, the risk of danger is deemed to be significant, the psychiatrist may reveal confidential information disclosed by the patient." Section 4(8).
 - e. "When the psychiatrist is ordered by the court to reveal the confidences entrusted to him/her by patients, he or she may comply or he/she may ethically hold the right to dissent within the framework of the law. When the psychiatrist is in doubt, the right of the patient to confidentiality and, by extension, to unimpaired treatment should be given priority. The psychiatrist should reserve the right to raise the question of adequate need for disclosure. In the event that the necessity for legal disclosure is demonstrated by the court, the psychiatrist may request the right to disclosure of only that information which is relevant to the legal question at hand." Section 4(9).

III. Background on Psychiatrists' Training in Dealing with Problematic Patient Behavior

- 6. Psychiatrists, as physicians who treat mental disorders and other problematic behaviors, are frequently called upon to evaluate and treat patients who manifest significant difficulties in emotional and behavioral control, which may complicate their interpersonal relationships. These difficulties may include inappropriate expressions of anger and other strong emotions towards significant figures in a patient's life.
- 7. As part of their training, psychiatrists are taught to recognize that patients who express love, dependency, anger, or other emotions towards their psychiatrists are acting out within the therapeutic relationship the same dynamics that affect their behaviors towards other people in their lives. Indeed, the display of such emotions toward the psychiatrist may be made more likely by the intensity of the therapeutic relationship and the intimate material being discussed. Hence, the emotions expressed by the patient are often evidence of the very disorders that are the object of treatment, and their expression presents an opportunity for psychiatrists to help patients recognize the ways in which they create interpersonal difficulties for themselves.
- 8. It is not uncommon for psychiatrists to be subject to anger from their patients. This anger may be embodied in heated exchanges during treatment sessions or provocative messages left on voicemail or sent via letter, email or other means. Patients, in addition, may share their anger at the psychiatrist with other people, including family members, other mental health professionals, and sometimes colleagues or supervisors of their psychiatrists. Few experienced psychiatrists can say that they have not been subject to such expressions of anger at some point in their career, and many will have received intemperate messages from patients of other psychiatrists alleging wrong-doing on the other psychiatrist's part. Well-trained psychiatrists attempt to deal with such anger within the therapeutic relationship but may also appropriately seek to set limits on patients' behavior when, for example, the psychiatrists' family members become targets or physical threats are made.
- 9. Anger and other emotions expressed by patients can evoke emotional reactions in psychiatrists themselves. Those emotions are often referred to as "countertransference" and they are ubiquitous in psychiatric treatment. Psychiatrists are trained to recognize those emotions and to channel them into productive interactions with patients. Patient behaviors that evoke those emotions are not to be taken as personal attacks for which retaliation is appropriate, but as symptoms of the patient's disorder that must be comprehended in the larger context of the patient's life. A goal of treatment is to help patients recognize the ways in which their behaviors and expressed emotions affect other people. A well-trained psychiatrist uses the emotions that he or she recognizes in himself or herself to illuminate the patient's behavior to the patient.

When a psychiatrist instead responds to patients' behavior based on his or her own emotional reactions, it is often referred to as "acting out the countertransference" and represents a failure of appropriate patient care.

IV. Opinion

10. In my opinion, Dr. Conti did not meet the applicable professional standard of ethical conduct for a psychiatrist with respect to: (1) responding to his former patient John Doe's behavior when the patient sent him the Messages; (2) evaluating whether to commence a lawsuit against Doe in response to the Messages; (3) safeguarding Doe's confidences and privacy when Dr. Conti did choose to commence litigation; and (4) transferring care to Doe's next treating psychiatrist.

A. Dr. Conti's Response to the Messages

- 11. Based on my review of the materials above, it is my opinion that Dr. Conti's response to John Doe's emails was not consistent with professional standards for ethical behavior by a trained psychiatrist in response to patient provocations and threats. As stated above, psychiatrists are trained to rely on their professional knowledge to process and react to patient challenges. In this case, it appears that Dr. Conti's psychiatric training and skills abandoned him, in that he failed to recognize Doe's behavior as a manifestation of the patient's transference. Moreover, Dr. Conti failed to recognize his countertransferential emotions for what they were, and thus acted out his countertransference rather than using the insights that his emotional responses to the patient could have provided to manage the situation in a manner consistent with professional ethical standards. He manifested his anger towards Doe, for example, in referring to him as a "rabid dog" during both his deposition and his evaluation by Dr. Cohen. In short, Dr. Conti lost professional objectivity in dealing with John Doe.
- 12. Having recognized the loss of objectivity, a psychiatrist acting consistent with professional standards of care would seek outside consultation from an experienced colleague, in this case especially someone with forensic or other experience evaluating threats, with regard to understanding and managing the situation. Such consultation could be accomplished without violating a patient's confidentiality by withholding the patient's name and other identifying information. Dr. Conti's expressed fears of physical or sexual assault should have been a particular signal that he was not in a position to evaluate the situation dispassionately and that outside consultation was needed. Dr. Conti failed to obtain such outside consultation in this case.
- 13. One commonly recommended course of action in a situation where a patient is expressing anger towards his or her psychiatrist is to arrange a facilitated meeting between the patient and doctor, including others who are involved in the patient's life, if appropriate. For

example, in this case, an outside colleague's standard recommendation would be that Dr. Conti reach out to the patient and his parents to set up a meeting, including the consultant, to discuss the patient's anger and its origins, the content of the Messages, and the need for the patient to move forward with treatment elsewhere in a productive way. Such a meeting would be structured in part to help both Dr. Conti and the patient to see the Messages as the patient's means of conveying anger about perceived abandonment. The patient would be assisted in finding better ways of expressing his anger, and Dr. Conti would be helped to recognize the Messages more as information about the patient's state of mind than as literal threats. This accords with the views of both Drs. Jenike and Lippert, as expressed in their depositions, about the nature of the patient's communications. Although the effectiveness of such a meeting in calming the patient and setting the stage for an orderly transfer of care could not be guaranteed, it would have been the appropriate response in a situation of this sort. Here again, Dr. Conti failed to take this step.

- 14. Dr. Conti's treatment with his own psychiatrist, Dr. Hamilton, was not sufficient to satisfy this obligation to consult with an independent colleague about the situation. Dr. Hamilton was in a supportive role to Dr. Conti. But, as he stated clearly in his deposition, Dr. Hamilton never read the Messages or independently reviewed any of the facts. He accepted what Dr. Conti told him as true, and took Dr. Conti's perceptions as facts without making an independent judgment. This may be the correct role for a treating therapist, but this treatment was not a substitute for an independent and informed review of Dr. Conti's actual risk and the appropriate course of action.
- filing the lawsuit against Doe was both disproportionate to the "threat" posed by Doe, and inconsistent with Dr. Conti's stated fears of physical assault and legal liability. Filing a lawsuit is unlikely to be an effective means of protection from genuine threats of harm from an angry and vindictive patient. In contrast, Dr. Conti did not undertake basic measures of self-protection, including increased security at his home and office, and notification of law enforcement. Moreover, to the extent that he also feared legal action and threats to his license, he failed to contact his malpractice insurer to alert it to the perceived threats and to ask for its guidance with regard to risk management, the first step that any consultant would advise in such circumstances and a step that psychiatrists are advised to take by their insurers immediately after a threat is received.
- 16. Had Dr. Conti taken any of these steps, it is my opinion that he would have been counseled to take a different course of action than suing his patient. Experts on responding to a patient's public criticism recommend attempting to contact the patient directly and offering to discuss his or her concerns. Doctors should never comment specifically regarding a patient's treatment on social media or the internet in response to a patient's critique of them, other than

reaching out to engage the patient, because of the risk of disclosing the patient's confidences. In this case, the Messages, which were sent to a small number of people in addition to Dr. Conti, were so obviously the product of an irrational response by an angry patient that no experienced psychiatrist would have taken them as a factual account of what transpired in John Doe's treatment, and in my opinion it is highly unlikely that lay people would either.

B. Dr. Conti's Disclosure of Doe's Confidential Information

- 17. An additional, crucial consideration for Dr. Conti in identifying an appropriate response to the Messages should have been protecting the confidentiality of the communications made in the context of treatment by and about John Doe. As is clear from the APA's Annotations on psychiatric ethics, before a psychiatrist reveals confidential information about a patient, he or she must evaluate the necessity of the disclosure and any alternatives to such a disclosure. In particular, in the context of a significant disclosure of confidential information such as the one made in this case, a psychiatrist's duties to evaluate the need for the disclosure at all, before it occurs, are even greater. Dr. Conti was obligated to exhaust all reasonable avenues to evaluate and assess whether a lawsuit against his patient, disclosing the patient's confidential treatment-related information, was truly necessary. It is my opinion that he failed to do so and thereby breached his ethical duties as a psychiatrist.
- 18. In my opinion that the amount of detail that Dr. Conti provides about his patient, Doe, in the Complaint is unnecessary and excessive. (See paragraph 5.c above: "Ethically, the psychiatrist may disclose only that information which is relevant to a given situation.") As a psychiatrist, I cannot address which facts are legally required in a complaint. That is a question for lawyers. However, even in the context of a valid legal claim, a psychiatrist is obligated to disclose the minimum amount of information necessary to establish the claim. That requires the exercise of independent judgment by the psychiatrist regarding what is necessary to disclose. From the perspective of what a reasonable psychiatrist would disclose if he or she was forced to commence legal action against a patient, it is my opinion that Dr. Conti included substantially more information about the Patient than is relevant to this situation. The relevant information would include the facts comprising the Patient's allegedly actionable conduct towards Dr. Conti (namely, the Messages), and how those Messages impacted Dr. Conti, if at all.
- 19. The Complaint includes many allegations that go beyond what is appropriate to this situation. For example, it includes confidential information about the Patient's course of treatment, his family, and allegations of his drug use and involvement with prostitutes, none of which directly touch upon the time, place or manner in which the Messages were sent, or their impact, if any, on Dr. Conti. Examples from the Complaint of such extraneous material include:

- a. The Patient's parents sought out Dr. Conti "to help their son address his drug addiction . . ." Paragraph 1;
- b. "Doe's parents consistently rewarded and enabled him regardless of how outrageous his conduct was" Paragraph 1;
- c. The Patient's family is "extraordinarily wealthy" Paragraph 2;
- d. The Patient suffers from "drug addiction" and "severe psychiatric problems" Paragraph 2;
- e. "[The Patient] was born into a life of incredible luxury. He is the son of the wealthiest families [redacted] and known for [redacted]." Paragraph 3;
- f. The Patient "is every parent's nightmare." Paragraph 3;
- g. The Patient suffers from "Narcissistic Personality Disorder, including Borderline and Antisocial Traits." Paragraph 3;
- h. The Patient's condition "manifests itself in a variety of ways, including an addition to Xanax, frequent cocaine use (often with prostitutes), thefts of money from his parents, multi-million dollar gambling losses" Paragraph 3;
- i. "Doe's father is very protective of his family's reputation" and was "desperate to avoid" "public scandal." Paragraph 4;
- j. The Patient "rebelled against any effort to curb his drug use, or otherwise limit any of his destructive behaviors " Paragraph 5;
- k. The Patient "led a hedonistic lifestyle" Paragraph 9; and
- The Patient's family has "emboldened him by continuing to provide him with virtually unlimited access to money and its trappings, such as private air travel." Paragraph 9.
- 20. While in certain cases, a psychiatrist may disclose confidential patient information, any such disclosure should be done in the least intrusive manner possible. The information Dr. Conti disclosed is particularly sensitive and was not appropriate for the purpose at hand, including information about alleged drug abuse, sexual conduct, diagnoses, and the degree of the Patient's wealth. Therefore, the disclosure was not accomplished in the least intrusive manner possible.
- 21. Based on my review of the materials, it is my opinion that Dr. Conti has engaged in a pattern of recent conduct demonstrating a lack of sufficient care to protect patient confidences. This includes the filing of this public lawsuit against his former patient John Doe, responding to other patients' criticisms of him by posting comments about the patients on the website HealthGrades, disclosing the names of other patients in his deposition testimony in this action, and disclosing sensitive, confidential materials obtained through his treatment of John Doe to his lawyers for the purpose of cross-examining John Doe in this case.

- 22. With respect to Doe, the disclosure by Dr. Conti of this type and amount of information risked inflicting harm on the patient, and on the patient's family, given that a patient confides these types of facts to a psychiatrist with the expectation of confidentiality. The APA's Annotations, including those related to confidentiality, rest on the premise that a psychiatrist must prioritize the wellbeing of the patient, which is best protected by affording the highest level of protection to patient confidences and privacy. The ethical rules are explicit that any disclosure by a psychiatrist of confidential patient information should be limited to the minimal amount of information necessary for the purpose.
- 23. Here, Doe testified that he was in fact harmed by Dr. Conti's disclosure, as did his then-current treating doctors who also testified that he was harmed by Dr. Conti's disclosures. As Dr. Jenike noted at his deposition, the patient's reactions to this lawsuit include a worsening of his psychiatric symptoms, including depression, anxiety, panic, insomnia and withdrawal, as well as the sense that he cannot move forward with another attempt to taper his Xanax until the lawsuit is over. This is precisely the type of harm that the ethical rules seek to prevent. This is also why it is exceedingly rare, if not unknown, for a psychiatrist to sue his patient. It is my opinion that Dr. Conti did not act with the welfare of his patient in mind when he filed this lawsuit, and breached his ethical duties in this regard as well. Whatever the doctor's state of mind, however, the disclosures themselves were, in my opinion, excessive and therefore impermissible under governing principles of medical ethics.
- 24. Dr. Conti remained under a continuing duty to protect the Patient, even after his treatment ended. This includes the duty to be circumspect about information he disclosed about the Patient. In his public lawsuit, Dr. Conti has disclosed damaging and sensitive information about the Patient without the type of rigorous evaluation of the need for that disclosure and the appropriate scope of disclosure that would be required. Dr. Conti's conduct does not comport with the important ethical duty that a psychiatrist must maintain patient confidentiality with extreme care and make the minimal disclosures necessary in situations where total confidentiality is not possible.
- 25. The fact that the Complaint was initially filed under seal, and later as "John Doe," was not sufficient to render Dr. Conti's conduct proper or permissible. While it was not made available to the general public, the unredacted Complaint, containing the patient's name and identifying information, as well as the unnecessary material, was disclosed to any number of persons working within the court system, including the judge persons who have absolutely no right or need to know the Patient's confidential information. Moreover, the filing of the Complaint created a risk that such material would be more widely disseminated. Indeed, as the litigation has progressed, the allegations have in fact been more widely disseminated, as additional people have gained access to the suit's details, including court reporters, experts, lawyers, court personnel, and others. The public eventually became aware of John Doe's true

identity on September 16, 2019, when a mass-circulation tabloid published an article that identified the Doe family, based on seeing a member of the family enter the courthouse for a hearing in this case, and linked them to the allegations in the Complaint. Finally, the harm of disclosure does not turn only on how many people learn about the confidential information, but also on the patient knowing that the information has been shared with others, may become even more widely disseminated, and may in the future no longer be protected—all of which may contribute to a sense of having been betrayed by a person in authority whom the patient trusted.

C. Dr. Conti's Demand for Payment When Transferring Doe's Care

- 26. Further with regard to Dr. Conti's obligations towards a former patient, every physician who has been treating a patient who chooses to seek care elsewhere has a duty to ensure that the transfer of care to a new treater is effected properly. In the case of a patient in psychiatric treatment, the former treating psychiatrist—with the authorization of the patient—must communicate to the new psychiatrist (or other mental health professional) the nature of the treatment that was undertaken, the course of treatment (including successful and unsuccessful interventions), and any problems that arose during treatment, and respond to questions that the new psychiatrist may have. That communication can take place in writing or verbally. A psychiatrist cannot refuse to communicate with a new treater or demand payment for doing so; it is part of the obligation that any physician assumes when accepting a patient for treatment. The materials that I reviewed indicate that Dr. Conti refused to discuss the Patient's treatment with his current psychiatrist, Dr. Jenike, without compensation, a fact confirmed by Dr. Jenike at his deposition. In my opinion, this refusal constituted a separate violation of the applicable ethical principle and of Dr. Conti's duties toward the Patient.
- 27. I am being compensated for my work in this case at the rate of \$600 per hour, except for time spent attending, appearing and/or testifying at deposition(s), hearings or trial which will be billed at the rate of \$3,000 for a ½ day and \$6,000 for a full day.

Dated: October 6, 2019 New York, NY Dr. Paul S. Appelbaum

Exhibit 1

October 2019

Curriculum Vitae

Personal Data

Name: Paul S. Appelbaum, M.D.

Title: Elizabeth K. Dollard Professor of Psychiatry, Medicine, and Law

Director, Division of Psychiatry, Law and Ethics

Department of Psychiatry

Columbia University College of Physicians and Surgeons

Research Scientist

New York State Psychiatric Institute

Director, Center for Research on the Ethical, Legal and Social Implications

(ELSI) of Psychiatric, Neurologic, & Behavioral Genetics

Department of Psychiatry

Columbia University College of Physicians and Surgeons

Address: New York State Psychiatric Institute/

Columbia University Medical Center 1051 Riverside Drive, Box 122 New York, NY 10032 (office)

Date of Birth: November 30, 1951
Place of Birth: Brooklyn, New York

Academic Training

1968		Stuyvesant High School, NY
1972	A.B.	Columbia College (Biology)
1976	M.D.	Harvard Medical School

1979-1980 Harvard Law School (special student) 1983-1984 Graduate School of Public Health,

University of Pittsburgh (special student)

Traineeship

197/6-197/	Intern in Medicine, Soroka Hospital, Beersheva, Israel
1977-1979	Resident in Psychiatry, Massachusetts Mental Health Center/Harvard
	Medical School, Boston, MA
1979-1980	Chief Resident in Legal Psychiatry, Massachusetts Mental Health
	Center/Harvard Medical School, Boston, MA
1979-1980	Fellow in Mental Health Administration, Massachusetts Mental Health
	Center/Harvard Medical School, Boston, MA

Licensure and Certification

1977	Massachusetts License No. 53808 (no longer active)
1980	Pennsylvania License No. MD-023867-E (no longer active)
1981	Board Certification in Psychiatry, American Board of Psychiatry and
	Neurology, Certificate #22719
1988	District of Columbia License No. 17336 (no longer active)
1994	Added Qualifications in Forensic Psychiatry, American Board of
	Psychiatry and Neurology, Certificate #18 (renewed, 2004, 2013)
2005	New York License No. 237042

Professional Organizations and Societies

Memberships in Professional Societies:

1979-	American Psychiatric Association
1979-1980	Massachusetts Psychiatric Society
1980-1984	Pennsylvania Psychiatric Society
1980-	American Academy of Psychiatry and the Law
1983-	American Society of Law, Medicine, and Ethics
1984-2006	Massachusetts Psychiatric Society
1988-	International Academy of Law and Mental Health
1996-2005	Association for the Advancement of Philosophy and Psychiatry
1998-2006	American Medical Association
2005-2009	American College of Psychiatrists
2005-	New York Academy of Medicine
2006-	New York County Psychiatric Society
2006-	New York Psychiatric Society
2007-	International Neuroethics Society
2011-	American College of Neuropsychopharmacology

Service:

American Psychiatric Association:

1980-1984	Committee on State Hospitals, (corresponding member 1982-1984)
1980-1983	Task Force on Psychiatric Participation in Sentencing
1981-1990	Commission on Judicial Action (consultant 1981-1984; chairman
	1984-1990)
1984-1994	Joint Reference Committee (ex-officio member)
1984-1986	Task Force on Tardive Dyskinesia (consultant)
1990-1995	Council on Psychiatry and Law (chair, 1990-1994)
1995-2001	Isaac Ray Award Board (chair, 1995-2000)
1995-2000	Committee on the Use of the Litigation Fund (vice-chair, 1999-2000)
1997-2006	Board of Trustees
1997-1999	Secretary
1997-1999	Ethics Appeals Board (chair)
1997-1998	Task Force to Review APA Conflict of Interest Policy
1998-1999	Editorial Advisory Committee (chair)
1998-1999	Board Subcommittee to Review the By-Laws of the Research Institute
1999-2001	Vice-President

1999-2002	Joint Reference Committee (chair, 2001-2002)	
1999-2001	Committee on District Branch Relations (consultant, 1999-2000;	
	chair, 2000-2001)	
1999	Task Force to Review Future Options for the Journal of Psychotherapy	
2000	Practice and Research (chair)	
2000	Ad Hoc Task Force to Develop Procedures for Revenue Sharing (co-chair)	
1999-2002	Commission on Public Policy, Advocacy and Litigation	
2000	(consultant, 2001-2002) World Crown on Salastian of Directors for the American Psychiatric	
2000	Work Group on Selection of Directors for the American Psychiatric Publishing Group (chair)	
2000-2002	Task Force on Research Ethics (Board liaison)	
2001-2002	President-Elect	
2001-2003	Board of Directors, American Psychiatric Institute for Research &	
2001 2003	Education (Executive Committee, 2001-2003)	
2001-2003	Board of Directors, American Psychiatric Publishing, Inc.	
2001-2003	Distinguished Service Award Committee (chair)	
2002-2003	President	
2003-2004	Nominating Committee (chair)	
2004-2019	Council on Psychiatry & Law (chair, 2004-2008; corresponding member,	
	2011-2019)	
2004-2008	Joint Reference Committee (ex officio)	
2004-2008	Committee on Advocacy & Litigation Funding	
2008-2010	Ad Hoc Workgroup on Relationships Between Psychiatrists and Industry	
2000	(chair)	
2009- 2011	Committee on Judicial Action (consultant, 2009-2010; chair 2010-2014)	
2011-2012	Distinguished Service Award Committee DSM-5 Summit Group	
2011-2012	Medical Director Search Committee (chair)	
2012-2013	DSM Planning Workgroup (chair)	
2013-2014	DSM Steering Committee (chair)	
2015-2016	Ad Hoc Work Group to Revise the Ethics Annotations (consultant)	
American Academy of Psychiatry and the Law:		
1982-1985	Program Committee	
1984-1986	Committee on Ethics	
1984-1986	Rappeport Fellowship Committee (chairman)	
1987-1990	Councilor	
1995-1996	President (president-elect, 1994-1995; executive council, 1994-1997)	
1997-2002	Long Range Planning Committee	
1997-1999	Nominating Committee	
1998-2000	Awards Committee (chair, 1998-2000)	
Massachusetts	s Psychiatric Society:	
1992-1993	President (president-elect, 1991-1992; executive committee, 1991-1994)	
1995	Task Force on Confidentiality (chair)	

Academic Appointments

Hospital Appointments

1979-1980	Director, Legal Psychiatry Consultation Service, Massachusetts Mental
	Health Center, Boston, MA
1980-1981	Medical Consultant, Family Therapy Clinic, Western Psychiatric Institute
	and Clinic, Pittsburgh, PA
1980-1984	Consultant, Law and Psychiatry Consult Service, Western Psychiatric
	Institute and Clinic, Pittsburgh, PA
1981-1984	Medical Consultant, Special Therapies and Mood Disorders Modules,
	Western Psychiatric Institute and Clinic, Pittsburgh, PA
1983-1984	Co-director, Law and Psychiatry Program, Western Psychiatric Institute
	and Clinic, Pittsburgh, PA
1984	Director, Law and Psychiatry Program, Western Psychiatric Institute and
	Clinic, Pittsburgh, PA
1984-1985	Executive Officer, Massachusetts Mental Health Center, Boston, MA
1984-1985	Director, Program in Psychiatry and the Law, Massachusetts Mental
	Health Center, Boston, MA
1985-2005	Director, Law and Psychiatry Program, University of Massachusetts
	Medical School, Worcester, MA

199	92-2005	Chairman, Department of Psychiatry, University of Massachusetts Medical Center/UMass Memorial Medical Center
200)6-	Attending Psychiatrist, New York Presbyterian Hospital
200		Research Psychiatrist, New York State Psychiatric Institute
Honors		
197	72	Phi Beta Kappa
	79-1980	Sol. W. Ginzburg Fellowship, Group for the Advancement of Psychiatry
198	30	Honorable Mention, 22nd Annual Harry C. Solomon Essay Award, Massachusetts Mental Health Center
198	31	First Prize, 23rd Annual Harry C. Solomon Essay Award, Massachusetts Mental Health Center
198	33	Manfred S. Guttmacher Award of the American Psychiatric Association and the American Academy of Psychiatry and the Law for the outstanding contribution to the literature of forensic psychiatry (awarded for the <i>Clinical Handbook of Psychiatry and the Law</i>)
198	33	3rd Annual Norbert Enzer Memorial Lecture, Mt. Sinai Hospital, Milwaukee
	33-1984	Research Scientist Career Awardee, National Institute of Mental Health
198		Honorable Mention, Nellie Westerman Prize of the American Federation for Clinical Research for research in medical ethics
198		Dean's Alumni Award, Columbia College
198		Sam G. Dunn Lecture in Medicine and the Humanities, University of Texas Medical Branch at Galveston
198		4th Samuel and Kathryn Yochelson Lecture, Yale University, New Haven
199		1st Bruce Siegel Memorial Lecture, Mount Carmel Medical Center, Columbus, Ohio
199		Fellow, American Psychiatric Association
199) ()	Isaac Ray Award of the American Psychiatric Association for outstanding contributions to forensic psychiatry and the psychiatric aspects of jurisprudence
199	91	Isaac Ray Award Lectures: Massachusetts Mental Health Center, Boston; Western Psychiatric Institute and Clinic, Pittsburgh
199	92-	Best Doctors in America, 1st edition and all subsequent editions
199	92-	Who's Who in America, 43rd edition and all subsequent editions
199	92	5th P. Browning Hoffman Memorial Lecture, University of Virginia Law School, Charlottesville
199	93	Kinsman Lecture on Medical Ethics, Oregon Health Sciences University, Portland
199	93	Saleem Shah Memorial Award of the State Mental Health Forensic Directors Association for contributions to forensic mental health services
199	94	Jacob Finesinger Memorial Lecture, University of Maryland Medical School, Baltimore
199	94	4th Paul Mendelsohn Memorial Grand Rounds, Tufts-New England Medical Center, Boston
199	95	Pfizer Visiting Professor, Department of Psychiatry, University of California at Davis

1995	Will Solimene Award for Excellence in Medical Communication, New
1775	England Chapter, American Medical Writers Association (awarded for
	Almost a Revolution: Mental Health Law and the Limits of Change)
1996	Manfred S. Guttmacher Award of the American Psychiatric Association
	and the American Academy of Psychiatry & the Law for the outstanding
	contribution to the literature of forensic psychiatry (awarded for <i>Almost a</i>
	Revolution: Mental Health Law & the Limits of Change)
1996-1997	Fritz Redlich Fellow, Center for Advanced Study in the Behavioral
1997	Sciences Edward J. Strecker, M.D., Award of the Institute of Pennsylvania
1997	Hospital and Jefferson Medical College for outstanding contributions
	in the field of clinical psychiatry
1998	Pfizer Visiting Professor, Maryland Psychiatric Research Center,
1990	University of Maryland
1998	Kenneth Gray Memorial Lecture, Canadian Psychiatric Association
	Annual Meeting, Halifax
1999	13 th Charles E. Steinberg Lecture in Psychiatry and Law, University of
	Rochester School of Medicine, Rochester, NY
1999	4th Raymond W. Waggoner Lecture on Ethics and Values in Medicine,
	University of Michigan Medical Center, Ann Arbor
1999	Excellence in Teaching Award, Psychiatric Residency Program,
2000	University of Massachusetts Medical School
2000	Manfred S. Guttmacher Award of the American Psychiatric Association
	and The American Academy of Psychiatry and the Law for the outstanding
	contribution to the literature of forensic psychiatry (awarded for Assessing Competence to Consent to Treatment: A Guide for Physicians and Other
	Health Professionals).
2000	Elected to membership in the National Academy of Medicine (formerly
2000	the Institute of Medicine) of the National Academy of Sciences
2000	26 th Herman Dinkel Lecture, Oregon Health Sciences University,
	Columbia Gorge, Oregon
2000	Peter Scott Memorial Lecture, Royal College of Psychiatrists Annual
	Meeting, Edinburgh, Scotland
2000	1st Mark Nordenberg Lecture on Law and Psychiatry, University of
	Pittsburgh School of Law, Pittsburgh, PA
2001	C. Charles Burlingame Award of the Institute of Living for major
2001	contributions to the field of psychiatry
2001	Pfizer Visiting Professor, Mount Sinai Medical School, City University of
2001	New York. Seymour Pollack Award of the American Academy of Psychiatry and the
2001	Law for distinguished contributions to the field of forensic psychiatry.
2002	Manfred S. Guttmacher Award of the American Psychiatric Association &
2002	the American Academy of Psychiatry and the Law for the outstanding
	contribution to the literature of forensic psychiatry (awarded for
	Rethinking Risk Assessment: The MacArthur Study of Mental Disorder
	and Violence.)

Psychiatric Institute/Columbia University

Grant Support

Past Funding

Past Funding	
1979-1980	Principal Investigator, Patients' Competence to Consent to Hospitalization, Foundations Fund for Research in Psychiatry.
1980-1983	Principal Investigator, Clinical Training in Forensic Psychiatry, National Institute of Mental Health.
1980-1984	Co-Investigator, Legal and Ethical Issues in Psychiatric Research, Foundations Fund for Research in Psychiatry. (Loren H. Roth, M.D., PI).
1981-1982	Principal Investigator, Patients Who Refuse Treatment in Medical Hospitals, President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.
1983-1984	Principal Investigator, Studies of Civil Commitment of the Mentally Ill, Research Scientist Development Award, National Institute of Mental Health.

1987-1988	Principal Investigator, Neuropsychological Correlates of Competence, Basic Science Research Grant (NIH), University of Massachusetts Medical Center.
1989-1996	Co-Principal Investigator, Assessing the Decision-making Capacities of the Mentally Ill, John D. and Catherine T. MacArthur Foundation (with Thomas Grisso, PhD), \$1,084,873.
1989-1997	Co-Principal Investigator and Site PI, Risk Assessment of Violence in the Mentally Disordered (Henry Steadman, PhD, PI), John D. and Catherine T. MacArthur Foundation, approx. \$1,200,000.
1998-2000	Co-Principal Investigator, Informed Consent and the Therapeutic Misconception, NIMH, (Charles Lidz, PhD, PI), \$600,000.
1999-2004	Consultant, Clinical Antipsychotic Trials in Intervention Effectiveness, NIMH R01-MH90001 (Jeffrey Lieberman, M.D., PI), \$42,750.
2000-2004	Co-Investigator, Research Ethics in Schizophrenia, NIMH R01 MH58898-06 (Will Carpenter, MD, PI), subcontract \$85,000.
2001-2003	Co-Investigator and Site PI, Violence Risk Assessment Software (SBIR), NIMH R44-MH59453-02 (Henry Steadman, PhD, PI) subcontract \$14,690.
2002-2004	Co-Principal Investigator and Site PI, Prevalence Study of Leverage in Community Treatment, John D. and Catherine T. MacArthur Foundation, \$73,797.
2005	Principal Investigator, Leverage in Assertive Community Treatment Programs. John D. and Catherine T. MacArthur Foundation, \$43,000.
2004-2006	Co-Investigator, Competition Between Science and Care In Clinical Trials, NINDS R01-NS049595 (Charles Lidz, PhD, PI), \$436,365.
2002-2006	Co-Investigator, Effectively Implementing Psychiatric Advance Directives, NIMH R01MH063949-02 (Jeffrey Swanson, PhD, PI), subcontract \$44,902.
2007-2008	Principal Investigator, Voluntary Decision Making About Participation in Human Subjects Research. Greenwall Foundation, \$48,900.
2004-2008	Co-Investigator, DVD Consent for Research in Older Schizophrenia Patients, NIMH 1R01MH067902-01 (Dilip Jeste, MD, PI), subcontract \$33,430.
2004 2010	C. Itit. P

2004-2010 Co-Investigator, Research Ethics in Schizophrenia, NIMH 2 R01 MH58898-06 (Will Carpenter, MD, Principal Investigator), subcontract \$119,156.

2008-2010	Co-Investigator, Capacity to Appoint a Proxy for Dementia Research, NIMH R01 MH075023 (Scott Kim, MD, PhD, PI), subcontract \$48,933.
2008-2010	Co-Investigator, Examining Ethical Issues in Research on Deep Brain Stimulation, Greenwall Foundation, (Laura Dunn, MD, PI), subcontract \$10,980.
2009-2011	Co-Investigator, Modifiable Risk and Protective Factors for Suicidal Behaviors in the US Army, NIMH 1U01MH087981-01 (Robert Ursano, MD, PI), 10% FTE
2006-2011	Co-Investigator and Site PI, An Observational Description Study of IRB Practices, NCI Grant #1R01CA107295 (Charles Lidz, PhD, PI), subcontract \$207,000.
2007-2011	Co-Investigator, Proxy Decision-Making for Alzheimer Disease Research, NIA 1RO1AG027986 (Laura Dunn, MD, PI). subcontract \$79,250.
2008-2011	Co-Investigator, Ethical Issues in Surrogate Consent for Dementia, NIA RO1AG029550 (Scott Kim, MD, PhD, PI), subcontract \$111,333.
2009-2012	Co-Investigator, Capacity of Children and Teens to Decide About Cancer Trials, NCI 1R21CA134864-01A1 (Steven Joffe, MD, PhD, PI), subcontract \$62,632.
2009-2012	Co-Investigator, The Blurring of Treatment and Research in Clinical Trials: Two Problems, NINR 1RC1 NR011612-01 (Chuck Lidz, PhD, PI), subcontract \$123,584
2008-2013	Co-Director of the Ethics and Policy Core, HIV Center for Clinical and Behavioral Studies. NIMH P30 MH43520 (Anke Ehrhardt, PhD, PI). \$1,587,706, 10% FTE (contributed).
2010-2013	Principal Investigator, Center for ELSI Research on Psychiatric, Neurologic, and Behavioral Genetics, NHGRI 1P20HG005535-01, \$150,000/yr.
2011-2012	Co-Principal Investigator, Bioethics in the Northern Manhattan Center of Excellence in Minority Health and Health Disparities, NIMHD (NOCEMHD) C3P60MD000206-09S2, (Jose Luchsinger, MD, MPH, PI), \$200,000/yr.
2011-2014	Principal Investigator, Challenges of Informed Consent in Return of Data from Genomic Research, NHGRI 1R21HG006596-01, \$125,000/yr.

Co-Investigator, Impact of Return of Incidental Genetic Test Results to 2011-2014 Research Participants, NHGRI 1 R01 HG006600-01 (Wendy Chung, MD, PhD & Jo Phelan, PhD, Co-PIs), \$499,682/yr. 2015-2016 Principal Investigator, Patients' Electronic Communications: A New Source of Data for Mental Health Treatment, Once Upon a Time Foundation, \$75,000/yr. Co-Investigator, Therapeutic Misconception and Scientific Reframing, 2014-2016 NCCAM 1R21AT008648-01, (Charles Lidz, PhD, PI), \$150,000/yr. Co-Investigator, Understanding Therapeutic Optimism and its Impact on 2012-2017 Risk-Benefit Assessment, NCI 1R01CA166556-01A1 (Lynn Jansen, PhD, PI), \$15,804/yr. Principal Investigator, Center for Research on the Ethical, Legal and 2013-2018 Social Implications of Psychiatric, Neurologic and Behavioral Genetics, NHGRI 1P50HG007257, \$754,599/yr. 2014-2017 Co-Investigator, Central IRBs: Enhanced Protections for Human Research Participants? NIGMS 1R01GM113640-01, (Charles Lidz, PhD, PI), \$423,050/yr. 2014-2017 Co-Investigator, Empowering Patients to Optimize their Selection of Blood Pressure Medications Using N-of-1 Trials, PCORI ME-1403-12304, (Karina Davidson, PhD, PI), \$345,073/yr. Co-Investigator, Stigma in African Genomics Research on Schizophrenia 2015-2018 and Rheumatic Heart Disease, NHGRI 1U01HG008226-01, (Jantina DeVries, PhD, PI), \$56,914/yr. 2015-2018 Co-Investigator, Goals and Practices for Next Generation Prenatal Testing, NHGRI 1 R01 HG008805-01A1 (Josephine Johnston, LLB, PI), \$264,157/yr. 2017-2018 Principal Investigator, Supplement to Center for Research on the Ethical, Legal and Social Implications of Psychiatric, Neurologic and Behavioral Genetics, NHGRI, 5P50HG007257-05S1, \$141,502/yr. 2016-2019 Co-Investigator, Columbia/Cornell/Harlem Hospital Precision Medicine Initiative HPO. NIH, 1UG3OD023183-01 (David Goldstein, PhD, PI), \$3,716,357/yr. Co-Investigator, Re-Engineering Precision Therapeutics Through N-Of-1 2017-2019 Trials, NIH/NLM, R01 LM012836 (Karina Davidson, PhD, PI), \$835,571/yr.

Active Funding

- 2006-2021 Co-Investigator and Director of Ethics Resource, Clinical and Translational Science Award, 1UL1 TR001873-01 (Muredach Reilly, MD, PI) \$5,840,978/yr.
- 2015-2020 Co-Investigator, Columbia GENIE (GENomic Integration with Ehr) (eMERGE III), NHGRI, U01HG008680, (Chunhua Weng, PhD, George Hripcsak, MD, Ali Gharavi, MD, co-PIs), \$544,304/yr.
- 2016-2019 Co-Principal Investigator (with Kathryn Tabb), Assessing Intuitions about the Genetics of Virtuous Behavior, Templeton Foundation, \$149,697/yr.
- 2017-2022 Co-Investigator, Kidney Precision Medicine Program (KPMP): Columbia AKI Recruitment Site, NIDDK, 1UG3DK114926-01 (Kristof Kiryluk, MD, Andrew Bomback, MD, Jonathan Barasch, MD, co-PIs), \$300,000/yr.
- 2017-2022 Co-Investigator, The Neurobiology of Violence in a Psychosis-Risk Cohort, NIMH, 1 R01 MH113861-01 (Ragy Girgis, MD, PI), \$383,183/yr.
- 2018-2022 Co-Principal Investigator (with Wendy Chung, MD, PhD),
 Development of Recommendations and Policies for Genetic Variant
 Reclassification, NHGRI, 1R01HG010365, \$545,145/yr.
- 2018-2022 Principal Investigator, Center for Research on the Ethical, Legal and Social Implications of Psychiatric, Neurologic and Behavioral Genetics, 2RM1HG007257, \$704,918/yr.
- 2019-2020 Subcontract PI and Co-Investigator, The Neurobiology of Violence in a Psychosis-Risk Cohort, 3R01MH113861-03S1 (Ragy Girgis, MD, PI), \$100,000/yr.
- 2019-2021 Senior Advisor, Wrestling with Social/Behavioral Genomics: Risks, Potential Benefits, and Ethical Responsibility (Erik Parens, PI), Russell Sage Foundation and Robert Wood Johnson Foundation, \$179,231/yr.
- 2019-2021 Co-Investigator, Developing Clinical Translational Tools to Communicate Genetic Risk to Individuals Who Are at Clinical High Risk for Psychosis, NHGRI, R21HG010420-01 (Larry Yang, PhD, PI), \$137,500/yr.
- 2019-2024 Co-Investigator, ELSI Congress, NHGRI, U13HG01083001 (Sandra Lee, PhD & Mildred Cho, PhD, co-PIs).
- 2019-2024 Co-Investigator, ELSI.hub: National Center for ELSI Resources and Analysis, NHGRI, U24HG010733 (Sandra Lee, PhD & Mildred Cho, PhD, co-PIs).

Departmental and University Committees

rtmental and l	University Committees	
University of Pittsburgh School of Medicine:		
1983-1984	Mental Health Clinical Research Center Seed Monies Committee, Department of Psychiatry	
1983-1984	Academic Promotions Committee, Department of Psychiatry	
Harvard Mea	lical School:	
1984-1985	Committee on Governance, Department of Psychiatry	
1984-1995	Working Group on Mental Health Policy, Division of Health Policy Research and Education	
1994, 1995	Ad Hoc Committee on Professorial Appointment	
University of	Massachusetts Medical School:	
1985-1986	Task Force on Medical Humanities	
1986-1988	Task Force on the Impaired Student	
1986-2005	Executive Committee, Department of Psychiatry	
1991-1992	Ethicist Search Committee (Chair)	
1992-1998	Chancellor's Advisory Committee	
1992-2005	Executive Faculty Council (Secretary, 1995-1996; President 1997-99)	
1993-1995	Pharmacology Chair Search Committee	
1994-1995	Task Force on Multi-year Contracts (Chair)	
1994-1995	Task Force on Tenure Policy	
2003	Work Group on Composite Assessment of the Clinical Departments (Chair)	
2004-2005	Search Committee for Neurology Chair	
University of	Massachusetts Medical Center:	
1985-1992	Treatment Issues Committee (Chair, Subcommittee on Consent, 1988; Vice-Chair, 1986-1988; Chair, 1989-1992)	
1992-1998	Hospital Executive Committee	
1992-1998	Group Practice Advisory Committee	
1993-1998	Clinical Policies Committee	
1995-1996	Task Force on the Role of the Clinical Chairs (Co-Chair)	
UMass Memo	orial Health Care:	
1998-2001	Physician's Advisory Board	
1998-2005	Leadership Council (prior to 2003, Clinical Chairs Council)	
1998-1999	Group Practice Advisory Committee	
1998-2005	UMass Memorial Behavioral Health System	
	(President and Chairman of the Board)	
1998-2001	Ethics and Treatment Issues Committee	
1999-2003	Board of Directors, UMass Memorial Medical Group	
2003-2005	Palliative Care Steering Committee	
2004-2005	Finance Committee, UMass Memorial Medical Group	
	-	

Columbia University:

2006-2007	Ethics Committee, Department of Psychiatry
2006-2007	Sachar Award Selection Committee, Department of Psychiatry
2006-	Advisory Board, Center for the Study of Science and Religion
2006-2007	Geriatric Psychiatry Division Director Search Committee, Department of Psychiatry (Chair)
2006-	Executive Committee, Clinical and Translational Research Award (CTSA), Columbia University Medical Center
2007-2008	Committee to Review Medical Student Teaching in Psychiatry, Department of Psychiatry (Chair)
2007-	Committee on Conflicts of Interest Policy at the College of Physicians and Surgeons
2007-	Ethics Advisory Board, Department of Psychiatry (co-chair)
2007-2008	Residency Training Director Search Committee, Department of Psychiatry
2007-	Member, Prevention, Control and Disparities Program, Columbia Cancer Center
2008	Committee to Review the Residency Training Curriculum, Department of Psychiatry (chair)
2008-2011	Executive Advisory Committee, Department of Psychiatry
2008	Subcommittee on Consent and Privacy, Biobank Planning Committee (chair)
2012-2013	Human Genetics Research Initiative, College of Physicians & Surgeons
2012-	Steering Committee, Personalized Medicine Initiative, College of Physicians & Surgeons
2014-	University-Wide Task Force on Personalized Medicine
2015-2017	Search Committee for Medical Center Ethicist (chair)
2016-2017	Committee to Review the Public Psychiatry Fellowship, Department of Psychiatry (chair)
2016-	Precision Medicine & Society Program (co-chair)
2018-	Committee on Human Embryo and Human Embryonic Stem Cell Research

Teaching Experience and Responsibilities

1971-1972	Teaching assistant in biology, Columbia University
1974	Teaching assistant in neuropathology, Harvard Medical School
1977-1979	Clinical supervisor of medical students on psychiatry rotations, Harvard
	Medical School
1978-1979	Seminar leader and psychiatric consultant, Harvard Voluntary Defenders,
	Harvard Law School
1979-1980	Organizer and Director, Ethics Rounds, Massachusetts Mental Health
	Center
1979-1980	Supervisor of residents in legal psychiatry, Massachusetts Mental Health
	Center
1980-	Lecturer at grand rounds, symposia, and seminars in the United States and
	Canada

1980-1984	Supervisor of and lecturer to medical students and residents on legal psychiatry rotations, Western Psychiatric Institute and Clinic
1980-1981	Organizer and lecturer, course on Introduction to Psychiatry, psychology and social work trainees, Family Therapy Clinic, Western Psychiatric Institute and Clinic
1981-1984	Supervisor of residents in psychotherapy, Western Psychiatric Institute and Clinic
1982-1984	Teacher and co-teacher, Mental Health Law, University of Pittsburgh School of Law
1983-1984	Co-teacher, Law and Medicine, University of Pittsburgh School of Law
1985-2005	Supervisor of residents in psychotherapy, University of Massachusetts Medical School
1985-2005	Lecturer on legal and ethical issues in the practice of psychiatry and
	medicine to medical students and residents, University of Massachusetts
	Medical School
1988-1989	Lecturer, Law and Psychiatry (seminar for faculty); The Concept of Mental
	Competence in Law (seminars for faculty and students), Georgetown
1002 2005	University Law Center
1993-2005	Small group leader, Mind, Brain, Behavior II Course, University of Massachusetts Medical School
1996	Co-organizer and lecturer, Law & Medicine (elective course for medical
	students), University of Massachusetts Medical School.
2004-2005	Lecturer on Suicide, Mind, Brain, Behavior II Course, University of
	Massachusetts Medical School
2006-	Seminar leader on law and psychiatry, Psychiatry Residency Training
• • • •	Program, Columbia University
2006-	Supervisor, Forensic Psychiatry Fellowship Program, Columbia University
2006-2009	Seminar on Informed Consent, Columbia Law School
2007-2013	Seminar on Mental Health Law, Columbia Law School
2010-	Seminar on Genetics and Law, Columbia Law School

Other Professional Activities

1978	Task Force on Involuntary Medication, Massachusetts Department of
	Mental Health
1978-1980	Committee on Human Studies, Joslin Diabetes Foundation, Boston, MA
1981-1983	Advisory Board, Involuntary Civil Commitment Project, National Center
	for State Courts, Williamsburg, VA
1981-1983	Advisory Board, Patients' Rights Research Project, Human Interaction
	Research Institute, Los Angeles, CA
1982-1987	Commission on the Mentally Disabled, American Bar Association
1982-1984	Ethics/Human Rights Committee, Presbyterian-University Hospital,
	Pittsburgh, PA
1984	Forensic Subcommittee, Special Advisory Committee on Public Policy,
	United Mental Health of Western Pennsylvania, Pittsburgh, PA
1984-1988	National Task Force on Standards for Involuntary Civil Commitment,
	National Center for State Courts, Williamsburg, VA

1984-1986	Mental Health Law Committee, American Society of Law and Medicine (co-chairman)
1985-1986	Advisory Board, Legal Procedures for Handicapped Infant Care Project, American Bar Association
1987-1996	Research Network on Mental Health & the Law, John D. and Catherine T. MacArthur Foundation
1987	Participant, National Invitational Conference on the Future of Psychiatry
1987-1990	Advisory Committee to the American Academy of Forensic Sciences
	Committee on Ethics
1989-1991	Massachusetts House Committee on Physician/Therapist Sexual Misconduct, Subcommittee on Criminal/Civil Statutes
1992-2005	Board of Directors, Community HealthLink, Inc. (formerly Worcester
1992 2003	Area Community Mental Health Center) (executive committee, 1992-2005)
1992-1994	Working Group on Guidelines for Maintenance of Boundaries in
1992 1991	Psychotherapy, Massachusetts Board of Registration in Medicine
1993-1994	Ad Hoc Working Group for Mental Health and Criminal Justice
1775 1774	Systems, Center for Mental Health Services, Substance Abuse and
	Mental Health Services Administration
1994-2000	Forensic Advisory Council, Massachusetts Department of Mental Health
1995-1996	Ethics Advisory Board, BRCA-1 Genetic Screening Project, Dana-
1775-1770	Farber Cancer Center, Boston
1995-1996	Project on Human Research Ethics, Center for Bioethics, University of
1775 1770	Pennsylvania
1996-2004	Research Advisory Committee, United States Secret Service
2000-2005	Ethics Committee, Clinical Antipsychotic Trials of Intervention
	Effectiveness (CATIE) (chair)
2000-2010	Research Network on Mandated Community Treatment, John D. and
	Catherine T. MacArthur Foundation
2000	Work Group on Informed Consent and Ethical Issues in Human Studies,
	National Institute of Mental Health
2001-2004	Board on Neuroscience and Behavioral Health, Institute of Medicine of the
	National Academy of Sciences
2002-2005	Advisory Board, TRIAD Project, National Alliance for the Mentally Ill
2003	Steering Committee on the Genetics of Addiction, Institute of Medicine
2004-2005	Committee on Crossing the Quality Chasm: Adaptation to Mental Health
	And Addictive Disorders, Institute of Medicine
2004-2007	Ethics Advisory Board, Treatment Units for Research on Neurocognition
	in Schizophrenia (TURNS) Program (chair)
2006-	Advisory Board, National Resource Center on Psychiatric Advance
	Directives
2006-2009	Subcommittee on Research Involving Individuals with Impaired Decision-
	Making Capacity, Secretary's Advisory Committee on Human Research
	Protections (SACHRP), U.S. Department of Health and Human Services
2007	Roundtable on Student Mental Health and the Law, Jed Foundation (chair)
2007-2009	Scientific Advisory Panel, Assisted Outpatient Treatment Study, NY State
_00, _000	Office of Mental Health
	Olive of Manager Hamile

2007-2009	Committee on Health Research and the Privacy of Health Information: the HIPAA Privacy Rule, Institute of Medicine
2007-2014	Clinical Research Ethics Key Function Committee, Clinical and Translational Science Award (CTSA) Consortium, NIH (chair, 2007-2009)
2007-2012	Advisory Board, Scattergood Program in Applied Ethics of Psychiatry and Behavioral Health, University of Pennsylvania
2008	Planning Committee for Conference on Military Medical Ethics, Institute of Medicine
2008-2011	Consultant, Committee on the Development of the 3 rd Edition of the Reference Manual on Scientific Evidence, Federal Judicial Center/National Academy of Sciences
2008-	Scientific Council, National Alliance on Mental Illness
2008-	Standing Committee on Ethics and Review, World Psychiatric Association (member 2008-2015; chair 2015-2017; co-chair 2017-)
2008-2010	Advisory Committee, Voting and Cognitive Impairments Project, American Bar Association
2009-	Honorary Advisor, Chinese Dementia Research Association
2010-	Treasurer and Board Member, Israel Healthcare Foundation
2010-	Board of Advisors, Saks Institute for Mental Health Law, Policy and Ethics, University of Southern California
2012-2014	G2I Committee on Neuroscience and the Criminal Law, Research Network on Law and Neuroscience, John D. and Catherine T. MacArthur Foundation
2015-2016	Committee to Evaluate the Social Security Administration's Capability Determination Process for Adult Beneficiaries, Institute of Medicine (chair)
2015-	Scientific Advisory Board, SPARK Project, Simons Foundation
2016-	Ethics Committee, American College of Neuropsychopharmacology (cochair, 2017-18; chair, 2018-)
2017-2018	Committee on the Return of Individual-Specific Research Results Generated in Research Laboratories, National Academy of Medicine
2019-	Task Force on Minimizing Coercion in Mental Health Care, World Psychiatric Association

Grant Reviewer:

National Institute of Mental Health (ad hoc, including NIH Challenge Grants in Health and Science Research; Special Emphasis Panel on ELSI Genetics; member, College of Reviewers, Center for Scientific Review); National Science Foundation; Social Sciences and Humanities Research Council (Canada); Wellcome Trust (UK); Netherlands Organization for Scientific Research; Alzheimer's Association; Dana Foundation; Institute of Neurosciences, Mental Health and Addiction, Canadian Institutes of Health Research; National Institute of Health Research (UK); Netherlands Organization for Health Research and Development; John D. and Catherine T. MacArthur Foundation; Policy Research Program, Department of Health (UK); Swiss National Science Foundation.

Journal Referee:

American Journal of Psychiatry; Psychiatric Services (formerly Hospital and Community Psychiatry); Journal (formerly Bulletin) of the American Academy of Psychiatry and the Law; International Journal of Law and Psychiatry; Law and Human Behavior; Law and Society Review; General Hospital Psychiatry; Journal of Nervous and Mental Diseases; Journal of the American Medical Association; New England Journal of Medicine; Psychosomatics; Journal of Health Policy, Politics and Law; American Psychologist; JAMA Psychiatry (formerly Archives of General Psychiatry); Psychiatry; Qualitative Sociology; Journal of Intensive Care Medicine; Hastings Center Report; Journal of Clinical Medical Ethics; Behavioral Sciences & the Law; American Journal of Geriatric Psychiatry; Milbank Quarterly; Schizophrenia Bulletin; Journal of Clinical Psychiatry; Medical Principles and Practice; International Journal of Psychiatry in Medicine; Southern Medical Journal; Archives of Internal Medicine; Academic Psychiatry; Epidemiology; Psychology, Public Policy and Law; Journal of Practical Psychiatry & Behavioral Health; Journal of Law, Medicine & Ethics; Philosophy, Psychiatry and Psychology; Biological Psychiatry; Psychosomatic Medicine; Journal of the American Academy of Dermatology; Journal of Public Health Policy; Israel Journal of Psychiatry; Neuropsychopharmacology; Journal of Clinical Oncology; Journal of Forensic Psychiatry; Journal of Forensic Psychology Practice; Kennedy Institute of Ethics Journal; International Journal of Neuropsychopharmacology; American Journal of Public Health; Lancet; Journal of Traumatic Stress; Health Affairs; Medical Anthropology Quarterly; Journal of Clinical Psychiatry; Theoretical Medicine & Bioethics; Journal of Affective Disorders; Behavior Research and Therapy; International Journal of Forensic Mental Health; Journal of Neuropsychiatry and Clinical Neuroscience; BioMed Central: Public Health; Harvard Review of Psychiatry; Community Mental Health Journal; BioMed Central: Psychiatry; Canadian Journal of Psychiatry; Administration and Policy in Mental Health and Mental Health Services Research; European Journal of Psychiatry; Journal of Social and Clinical Psychology; American Journal of Bioethics; BioMed Central: Medical Ethics; Psychological Medicine; Psychological Reports; Accountability in Research; Journal of the International Neuropsychological Society; Neurology; Journal of Child Psychopharmacology; Current Psychiatry; Social Psychiatry and Psychiatric Epidemiology; Journal of the American Geriatrics Society; European Journal of Cognitive Psychology; International Psychogeriatrics; Acta Psychiatrica Scandinavica; IRB: Ethics & Human Research; Journal of Clinical Psychology; Jurimetrics; International Journal of Methods in Psychiatric Research; American Journal of Bioethics: Primary Research; Journal of Ethics in Mental Health; Bioethics; Expert Review of Neurotherapeutics; Journal of the American Medical Directors Association; Journal of Bioethical Inquiry; CNS Drugs; Contemporary Clinical Trials; Bipolar Disorder; Health Care Analysis (UK); Journal of Mental Health (UK); Schizophrenia Research; Health Psychology Review; Science Translational Medicine; Journal of Medical Ethics; Democratization; Archives of Public Health; Depression & Anxiety; British Medical Journal; Clinical Trials; American Journal of Medical Genetics A—Neuropsychiatric Genetics; Alcohol and Alcoholism; Genetics in Medicine; Journal of Personality Disorders; Cochrane Reviews; Lancet Psychiatry; PLoSOne; Archives of Disease in Childhood; Human Biology; European Journal of Human Genetics; American Journal of

Infection Control; Israel Journal of Health Policy Research; Personality and Social Psychology Bulletin; BJPsych Open (UK); Epidemiology and Psychiatric Sciences; Psychological Science in the Public Interest; International Journal of Social Psychiatry; Lancet Neurology; European Journal of Medical Genetics; Annals of Internal Medicine; American Journal of Human Genetics; Molecular Psychiatry; International Journal of Psychiatry in Clinical Practice.

Editorial Boards:

1981-	Contributing Editor (Law and Psychiatry), Psychiatric Services (prior to 1995, Hospital and Community Psychiatry)
1982-1986	Editorial Board, Contemporary Psychiatry
1982-1980	
1902-1907	Editorial Advisory Board, Mental and Physical Disability Law Reporter (chairman, 1982-1987)
1983-1992	Editorial Board, Law, Medicine and Health Care
1983-1990	Associate Editor, Bulletin of the American Academy of Psychiatry and the
	Law
1984-1994	Editorial Board, International Journal of Law and Psychiatry
1984-	Editorial Advisory Board, Law and Human Behavior
1986-1993	Editorial Advisory Board, Law and Mental Health Professionals series,
	American Psychological Association
1989-1994	Editorial Board, Criminal Behavior and Mental Health
1990-1994	Associate Editor, American Journal of Psychiatry
1993-1996	Editorial Advisory Board, Clinical Psychiatry News
1993-	Editorial Advisory Board, Psychiatry
1995-2016	Consulting Editor, Ethics and Behavior
1995-2006	Editorial Board, Behavioral Sciences and the Law
1999-	Editorial Board, Journal of Forensic Psychiatry and Psychology (UK)
2005-	Editorial Board, Schizophrenia Bulletin
2004-	International Editorial Board, Journal of Ethics in Mental Health
2005-2012	Advisory Board, International Review of Psychiatry
2005-	Editorial Board, BioMed Central: Psychiatry
2008-	Editorial Board, Psychiatry, Psychology and Law (Australia/NZ)
2010-	Editorial Board, American Journal of Bioethics—Empirical Research
2010-2012	International Editorial Board, Brazilian Journal of Psychiatry
2012-2015	Editorial Board, Peer J
2012-	Editorial Board, Journal of Law and Biosciences
2013-	International Advisory Board, Israel Journal of Psychiatry
2015-	Editorial Board, British Journal of Psychiatry Open (BJPOpen)

Bibliography

PEER REVIEWED ARTICLES:

1977

1. Shader RI, Jackson AH, Harmatz JS, Appelbaum PS: Patterns of violent behavior among schizophrenic inpatients. Diseases of the Nervous System 1977;38:13-16

- 2. *Appelbaum PS, Vasile RG, Orsulak PJ, Schildkraut JJ: Clinical utility of tricyclic antidepressant blood levels: a case report. American Journal of Psychiatry 1979;136:339-341
- 3. *Appelbaum PS, Shader RI, Funkenstein HH, Hanson MA: Difficulties in the clinical diagnosis of lithium toxicity. American Journal of Psychiatry 1979;136:1212-1213
- 4. *Appelbaum PS, Gutheil TG: Rotting with their rights on: constitutional theory and clinical reality in drug refusal by psychiatric patients. Bulletin of the American Academy of Psychiatry and the Law 1979;7:308-317

1980

- 5. *Appelbaum PS, Gutheil TG: Drug refusal: a study of psychiatric inpatients. American Journal of Psychiatry 1980;137:340-346
- 6. *Appelbaum PS: The therapeutic adversary: resolving the impasse. Journal of Psychiatric Treatment and Evaluation 1980; 2(2):95-96
- 7. *Appelbaum PS, Gutheil TG: The Boston State Hospital case: "involuntary mind control," the constitution, and the right to rot. American Journal of Psychiatry 1980;137:720-723
- 8. *Appelbaum PS, Bateman AL: Competency to consent to voluntary psychiatric hospitalization: a theoretical approach. Bulletin of the American Academy of Psychiatry and the Law 1980;7:390-399
- 9. Gutheil TG, Appelbaum PS: Substituted judgment and the physician's ethical dilemma: with special reference to the problem of the psychiatric patient. Journal of Clinical Psychiatry 1980;41:303-305
- 10. *Appelbaum PS: The legal psychiatry consultation service: a new service model for "forensic" psychiatry. Bulletin of the American Academy of Psychiatry and the Law 1980;8:233-239

1981

- 11. *Appelbaum PS, Mirkin SA, Bateman AL: Empirical assessment of competency to consent to psychiatric hospitalization. American Journal of Psychiatry 1981;138:1170-1176
- 12. *Appelbaum PS, Roth LH: Clinical issues in the assessment of competency. American Journal of Psychiatry 1981;38:1462-1467
- 13. *Appelbaum PS, Reiser SJ: Ethics rounds: a model for teaching ethics in the psychiatric setting. Hospital & Community Psychiatry 1981;32:555-560

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Exhibit 2

August 2019

Paul S. Appelbaum, MD

Expert Testimony by Deposition or Courtroom Testimony Since January 2014

Dadi v. Gold, Circuit Court for the 15th Judicial Circuit, Palm Beach Cty, FL, 2011-CA-016027, June 23, 2014 (deposition—retained by plaintiff; Atty. Nancy La Vista).

Peterson v. El-Mallakh, Jefferson Circuit Court, KY, Nos. 12-CI-05043 and 06508, July 15, 2014 (deposition—retained by defendant; Atty. Douglas Farnsley).

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Kern & Curles, et al. v. HHC St. Simons, et al., State Court of Glynn County, GA, Civil Actions Nos. 20120293 & 20140117, April 9, 2015 (deposition—retained by defendant; Atty. Ted Pound).

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Brown v. Brock, State Court of Chatham County, GA, Civil Action No. STCV1401421, January 18, 2016 (deposition, retained by defense, Atty. Drew Wilkes).

P.D. v. Middlesex County, NJ, Superior Court of New Jersey—Middlesex County, Docket No. MID-L-3811-14, October 19, 2016 (deposition, retained by defense; Atty. Leslie S. Park)

Verge v. Ocean Mental Health Services, Superior Court of New Jersey, Essex County, Law Division, Civil Part, Docket No. L-5718-14, April 19, 2017 (deposition, retained by defense; Atty. Thomas Leyhane)

Estate of Korb v. Mier, Jefferson (KY) Circuit Court, Division 9, No. 15-CI-01930, July 17, 2017 (deposition, retained by defense; Atty. Timothy Napier)

Anderson v. Sack, Circuit Court for Baltimore City (MD), Case No. 24-C-16-004711OT, August 10, 2017 (deposition, retained by defense; Atty. Wendy Shiff)

Estate of Korb v. Mier, Jefferson (KY) Circuit Court, Division 9, No. 15-CI-01930, July 17, 2017 (trial testimony, retained by defense; Atty. Timothy Napier)

Wellin v. Wellin, US District Court for the District of South Carolina, Charleston Division, C/A No. 2:13-cv-01831-DCN, January 10, 2019 (deposition, retained by plaintiff; Atty. Virginia Rogers)